DEPARTMENT OF COMMERCE BUREAU OF CENSUS  1. Place of Death: (a) County (if outside city limits also write RURAL)  (b) Location (St. & No. (or) Name of Institution)  (d) Length of Stay: In Hospital or Institution (Specify whether years, nothing or days)				
PIVISION OF VITAL STATISTICS  Registrar's No.  Registrar'		COLUMN COLUMN DE	DARTMENT OF HEALTH	18 🗸 📁
DERIGIO FORNISCO.  1. Place of Death: (a) County  (d) Length of Stay: In Hospital or Institution  (e) City or Town.  (f) county  (f) county  (g) Length of Stay: In Hospital or Institution  (g) Length of Stay: In Hospital or Institution  (g) County  (h) H Valvesses  (h) Street No.  (h) White Indian Negro  (h) Name of household  (h) Na		ARIZONA STATE DE	State File No	
DERATION CORNELLS  1. Place of Death: (a) County McMale (b) City or Town (ii) outside city limit also write RUBALY  (b) Leopth of Stey: In Hespital or Institution  (c) County  (d) Leopth of Stey: In Hespital or Institution  (d) Steel No.  (e) Grant Address  (f) Grant Address  (ii) outside city limits also write RUBALY  (iii) outside city limits also write RUBALY  (iv) princip city limits also write RUBALY  (iv) princip city limits also write RUBALY  (iii) princip city limits also write RUBALY  (iv) princip city limits also write RUBALY  (iv) princip city limits also write RUBALY  (iv) princip city limits also write RUBALY  (iii) princip city limits also write RUBALY  (iv) princip city limits also write RUBALY  (iv) princip city limits also write RUBALY  (iii) princip city limits also write RUBALY  (iv) princip city limits also write RUBALY  (iv) princip city limits also write RUBALY  (iii) princip city limits also write RUBALY  (iv) princip city city city or No.)  (iv) princip city limits also write RUBALY  (iv) princip city city core or No.)  (iv) princip city limits also write RUBALY  (iv) princip city city limits also write RUBALY  (iv) princip city city limits also write RUBALY  (iv) princip city limits also write RUBALY  (iv) H Veteran also city limits also write RUBALY  (iv) H Veteran also city limits also write RUBALY  (iv) H Veteran also city limits also write RUBALY  (iv) H Veteran also city limits also write RUBALY  (iv) H Veteran also city limits also write RUBALY  (iv) H Veteran also city limits also write RUBALY  (iv) H Veteran also city limits also w	STANDARD CERTIFICATE OF DEATH	DIVISION OF	Registrar's No	_5
1. Place of Death: (a) County  (d) Leogth of Stey: In Hospital or Institution  (e) Community  2. Usual Residence of Deceased: (a) State  (d) Steel No.  (e) FULL NAME  (f) County  (f) County  (g) County  (h) Date of country  (h)	DEPARTMENT OF COMMERCE	1	Petton (a) location	
Length of Siey: In Hospital or Institution   (Specify whether years with or dary   (1) City or Town   (2) City or Town   (3) City or Town   (4) Street No		Mee (b) City or Town	St. & No. (or) Name of	
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2. Usual Residence of Deceased: (a) State	(d) Length of Stay: In Hospital or In	Strutton (Specify whether	r years, mentils of surface	021
(b) Street No	(2)	(b) Cor	unty (If outside city limits also	write RURAL)
(b) Street No	2. Usual Residence of Deceased: (a) Sta	ale.	(Yes or	
3. (a) FULL NAME AND		0		
Sex	(d) Street No.	. A - A Sobado	3 (6) SOCIAL	DUL
Sex	Narl //W	Charle Sende	name war	<del>=</del> ,
Some	3. (a) FULL NAME		ACPLICAL CERTIFICATION /	15 1/
Title (Hour and minute)  5. (b) Name of husband or wife it alive Title  7. Birthdate of deceased (Month)  (Day) (Year)  6. (City, town or county) (State or Country)  10. Usual Occupation The country (State or Country)  11. Industry or Business Does also alive State or Country)  12. Name City, town or country) (State or Country)  13. Birthplace (City, town or country) (State or Country)  14. Maiden Name (City, town or country) (State or Country)  15. (a) Informant's own signature (City, town or country)  16. (a) Informant's own signature (City, town or country)  17. (a) Burial, Cremation or Removal (b) Place (City town or Removal (b) Place (City town or Removal (b) Place (City town or Removal (c) Data Machine, 1874  16. (a) Embalmer's Signature (City town or Removal (b) Place (City town or Removal (c) Data Machine, 1874  18. (a) Embalmer's Signature (City town or Removal (b) Place (City town or Removal (c) Data Machine, 1874  19. (a) Embalmer's Signature (City type of place)  White at work?. (e) Means of injury (b) Date signed Leading Machine, 1874  20. Literably certify that I attended the deceased from 19.4 (c) Machine, 19.	4. Sex   5. Race /	6. (a) Single, married, widowed		13 19 32 6
5. (c) Name of husband or write for the first alive. The first alive of write for write or write or write or write or write.  7. Birthdate of deceased. (Month) (Dey) (Yee)  8. AGE: Years Months Days II less than one day in the state of the state and hour stated above. Immediate cause of death occurred on the date and hour stated above. Immediate cause of death occurred on the date and hour stated above. Immediate cause of death occurred on the date and hour stated above. Immediate cause of death. Cardina Duration  10. Usual Occupation. Provided State or Country!  11. Industry or Business Occasional State or Country!  12. Name. (City, town or county) (State or Country)  13. Birthplace. (City, town or county) (State or Country)  14. Maiden Name Usual A School (City, town or county) (State or Country)  15. Birthplace. (City, town or county) (State or Country)  16. (a) Informant's own gionature. (City, town or county) (State or Country)  17. (a) Buriel, Cremation or Removal. (b) Place. (City, town or county) (State) (City or Town) (County) (State)  18. (a) Embalmer's Signature (City or Town) (County) (State)  19. (a) Embalmer's Signature (City or Town) (County) (State)  19. (a) Male refereived Local Registrer)  19. (a) Male refereived Local Registrer)  20. Address. (c) Magneting Injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)  While at work? (e) Meage of injury.  23. Signature (City or Town) Date stoned (Male or Male or		<i></i>	20. DATE OF DEATH (Month, day and year)	933 M
7. Birthdate of deceased (Month) (Dey) (Year)  8. AGE: Years Months Days II less than one day hrs. min.  9. Birthplace (City, town or county) (State or Country)  10. Usual Occupation.  11. Industry or Business Ocean Volce Mark (State or Country)  12. I hereby certify that I attended the deceased from 19.4 (Industry or detection on the date and hour stated above. Immediate cause of death. Countries Immediate cause of death.		δ. (c) Age of husband	THE (Work and minute)	
7. Birthdate of deceased (Month) (Dey) (Yest)  8. AGE: Years Months Day It less than one day his min.  9. Birthplace (City, town or county) (State or Country)  10. Usual Occupation.  11. Industry or Business Occan College (State or Country)  12. Name (City, town or county) (State or Country)  13. Birthplace (City, town or county) (State or Country)  14. Maiden Name (City, town or county) (State or Country)  15. Birthplace (City, town or county) (State or Country)  16. (a) Informant's own signature.  17. (a) Burial, Cremation or Removal (b) Place (C) Data	6. (b) Name of nusband or wife		21. I hereby certify that I attended the deceased from.	10 4 / .
and that death occurred on the date and hour stands above.  Ill less than one day hrs.  Immediate cause of death.  Immediate caus		1/ 19m +8tg	1977 10	
and that death occurred on the date and hour stands above.  Ill less than one day hrs.  Immediate cause of death.  Immediate caus	7 Birthdate of deceased	(Pari) (Year)	that I last saw harman alive on	
9. Birthplace (City, town or county) (State or Country) 10. Usual Occupation.  11. Industry or Business Ocean Cole Sully US 12. Name Sulphase (City, town or county) (State or Country)  13. Birthplace (City, town or county) (State or Country)  14. Maiden Name (City, town or county) (State or Country)  15. Birthplace (City, town or county) (State or Country)  16. (a) Informant's own signature  (b) Address (City, town or Removal (City, town or Removal (City) (Cit	(Month)		and that death occurred on the date and hour stated above.	DURATION
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Due to    11. Industry or Business   Default   Due to	(City, town or can		an Condia Descentar depun	
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12. Name   13. Birthplace   (City, town or county)   (State or Country)	MIOKADO	Schade	Due to	***********************
Other conditions. (Include pregnancy within three months of death)  PHYSICIAN  Hadden Name  (City, town or county)  (State or Country)  (State or Country)  (State or Country)  (Other conditions. (Include pregnancy within three months of death)  PHYSICIAN  Underline the cause to which death should be charged statistically  Of autopsy.  (a) Address  (b) Address  (c) Data	12. Name		4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	***************************************
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(b) Funeral Director		mamillan-	(c) Where did injury occur? (City or Town) (County)	
(b) Funeral Director	19. (a) Embalmer's Signature	FN STREET RUME	(d) Did injury occur in or about home, on farm, in industrial pla	
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Mil Janen alle	(Date received		Date signed	To the state of th
(b) (Registra's Signature)	(b) 711- Dane	r's Signature)		